

# **COMMUNITY CARE LICENSING DIVISION**

*"Promoting Healthy, Safe and  
Supportive Community Care"*

## **TECHNICAL SUPPORT PROGRAM**

### **Self-Assessment Guide**

# **RESIDENTIAL CARE FACILITY FOR THE ELDERLY CARE OF PERSONS WITH DEMENTIA**



**CDSS**

CALIFORNIA  
DEPARTMENT OF  
SOCIAL SERVICES

## **TECHNICAL SUPPORT PROGRAM CARE OF PERSONS WITH DEMENTIA RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE)**

This guide was developed to assist care providers to meet regulatory requirements for the care of persons with dementia. The specific regulations that apply to dementia care are in Sections 87724(a) through 87724(f) of Title 22 of the California Code of Regulations. The regulations pertaining to dementia care cover requirements for resident assessments, staffing, staff training, fire clearances, residents' records, facility physical plant safeguards and program options such as delayed egress (exits), and locked exterior doors and perimeters. These requirements apply to any RCFE that cares for persons with dementia, regardless of the resident's level of confusion.

There are many definitions for dementia. For the purposes of this guide, we chose one in the *Merck Manual of Geriatrics*, second edition (1996), which defines dementia as "a deterioration of intellectual function and other cognitive skills leading to a decline in the ability to perform activities of daily living."

Legislation was passed in 2000 which requires an RCFE that advertises or promotes special care, programming or environments for persons with dementia to provide the staff with additional training and to disclose the special features of the program in the Plan of Operation. (See pages 8 and 9 for specific requirements.)

While this guide is intended to assist care providers in complying with dementia care requirements, it is not a substitute for knowing the regulations. If you are unclear about any of the requirements, refer to the regulations and/or contact your licensing office. Providers should also remember that they must maintain compliance with all RCFE regulations, in addition to the requirements for dementia care as covered in this guide.

### **REQUIREMENTS FOR CARE OF PERSONS WITH DEMENTIA**

Licensees caring for persons with dementia must meet the following requirements:

- ◆ Have enough staff to provide supervision for persons with dementia and still meet the needs of the other residents. 87724(a)(1)
- ◆ Have at least one awake night staff person to supervise persons with dementia who require awake night staff. (The regulations require this for facilities licensed for 15 or less. Facilities with a capacity over 15 are already required to have an awake staff person at night). 87724(a)(1)(A)
- ◆ Have an approved written plan of operation that addresses the needs of persons with dementia. 87724(a)(3)

### **REQUIREMENTS FOR CARE OF PERSONS WITH DEMENTIA (Continued)**

- ◆ Ensure that care staff are trained in dementia care, identifying and reporting resident abuse and neglect, and how medications can affect residents' behavior. 87724(a)(4)

#### **ADDITIONAL PHYSICAL PLANT SAFETY REQUIREMENTS 87724(a)(5)**

Licensees caring for persons with dementia must ensure that the following additional safety requirements are followed:

- ◆ Swimming pools and other bodies of water must be fenced.
- ◆ Yards must be completely fenced, with self-closing latches and gates.
- ◆ Exterior doors must have working bells/buzzers or other sound devices to alert staff when the door is opened.
- ◆ All furniture and equipment must be safe, and free from potential hazards for persons with dementia.
- ◆ Items which must be made inaccessible include: ranges, heaters, wood stoves and other heating devices, knives, matches, firearms, tools, and other items that could constitute a danger to the residents, all medications, including over-the-counter medications, and all toxics including plants and cigarettes.

#### **ASSESSMENT/OBSERVATION/APPRAISAL/PLAN**

Licensees caring for persons with dementia must comply with the following dementia care requirements:

- ◆ Ensure that persons with dementia have a medical assessment and a reappraisal of their individual service needs at least once a year. Both documents must include the resident's dementia care needs. 87724(a)(6)(A)
- ◆ Make changes to the resident's care and supervision based on any observation or medical assessment that indicates that the resident's dementia care needs have changed. If the resident's needs cannot be met, it will be necessary to relocate the resident to a more appropriate facility or residence that can better meet his/her needs. 87724(a)(6)(B)
- ◆ Make sure that the facility's disaster and mass casualty plan addresses the safety of persons with dementia. 87724(a)(7)

#### **ACCEPTING/RETAINING PERSONS WITH DEMENTIA WHO CAN RESPOND TO EMERGENCY SIGNALS AND INSTRUCTIONS**

Licensees may accept and retain persons with dementia without approval from the licensing office, if the resident can respond to an emergency signal device or instructions and leave a building, even though the resident may rely on a mechanical aid or assistance to do so. While residents who rely on mechanical aids or others to assist them to exit a building are considered nonambulatory for fire clearance purposes, a dementia exception or waiver is not required from the licensing office if the resident has the mental capacity to respond to an emergency signal device or instructions to leave the building.

## **ACCEPTING/RETAINING PERSONS WITH DEMENTIA WHO CANNOT RESPOND TO EMERGENCY SIGNALS AND INSTRUCTIONS**

Facilities that plan to accept and retain persons with dementia who, because of confusion, cannot respond to an emergency signal or instructions to leave the building, must obtain an exception or waiver from the licensing office before admitting the resident. An exception or waiver must also be obtained when an existing resident's dementia condition reaches this point. The chart below shows what documentation must be submitted to the licensing office with the exception/waiver request. Additional information may be required based on your facility's history of operation or other special circumstances.

Note: An exception is a request to make an exception to the regulations for a specific resident based upon the individual's unique needs or circumstances. A waiver is a request to waive a particular regulation or regulations on a facility-wide basis. Waivers are not tied to a specific individual and should be requested when the facility has, or plans to have, more than one resident with dementia.

### **EXCEPTIONS/WAIVER DOCUMENTS REQUIRED 87724(c)**

	<u>Exception</u>	<u>Waiver</u>
1) The resident's current medical assessment or physician's report.	yes	no
2) The resident's pre-admission or reappraisal information.	yes	no
3) The facility's plan of operation which addresses the needs of persons with dementia.	yes	yes
4) The facility's staff training plan including training in dementia care, identifying and reporting resident abuse and neglect, and behavioral effects of medications on persons with dementia.	yes	yes

### **EXCEPTION/WAIVER DOCUMENTS REQUIRED (Continued)**

<u>Exception</u>	<u>Waiver</u>
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5) The facility's activity plan which addresses the needs and limitations of those persons with dementia and includes large motor activities and perceptual and sensory stimulation.	yes	yes
6) The facility's disaster mass casualty plan which addresses the safety of persons with dementia.	yes	yes
7) The facility's annual medical assessment and annual reappraisal procedures for persons with dementia including procedures for reassessing the resident's dementia care needs.	yes	yes
8) Procedures to notify the resident's physician, family members who have requested notification, and conservator, if any, when a resident's behavior or condition changes.	yes	yes
9) A written plan developed with the individual resident's physician to reduce the resident's need for psychoactive medications.	yes	no
10) A written plan developed with a physician for facility-wide practices and facility-specific procedures to reduce the need for psychoactive medications.	no	yes

Note: You must have a nonambulatory fire clearance for each room used by a resident who meets the definition of a nonambulatory person. A nonambulatory person is a resident who is unable to leave the building unassisted under emergency conditions. This includes residents who depend on mechanical aids and residents who are unable or likely to be unable to respond physically or mentally to directions relating to fire danger and take appropriate action.  
87724(a)(2)

#### **EGRESS (EXIT) ALERT DEVICES 87724(d)**

Exit alert devices include wristbands or pressure pads at doorways that set off an alarm or bell when someone leaves the building, and other such devices that alert staff to resident movement. Exiting alert devices may be used in facilities without approval from the licensing office. Licensees of facilities that use exit alert devices must:

- ◆ Obtain prior written approval from the resident or the resident's authorized representative.

#### **EGRESS (EXIT) ALERT DEVICES 87724(D) (Continued)**

- ◆ Make sure the alert device does not violate resident's personal rights listed in 87572.

Note: Be sure to keep a copy of the written approval from the resident or his/her authorized representative in the resident's file at the facility.

## **DELAYED-EGRESS (EXIT) 87724(e)**

Facilities may use delayed exit (time delay) devices on exterior doors or perimeter fence gates. Delayed exit devices require a fire clearance but do not require prior approval from the licensing office. To use delayed exit devices on exterior doors or perimeter fence gates, the licensee must:

- ◆ Notify the licensing office as soon as you determine the date the device will be installed so that the licensing office can order a fire clearance. Facilities must not activate delayed egress devices until the fire clearance has been approved.
- ◆ Make sure the fire clearance includes approval of delayed exit devices. Only the local fire prevention authorities can determine if a delayed exit device conforms to all applicable fire safety standards. (The licensing office will request the fire clearance).
- ◆ Follow the facility's disaster and mass casualty plan and make sure that fire and earthquake drills are held at least once every three months on every shift and include at least all staff who supervise or provide resident care and supervision.
- ◆ Keep a record of the dates and times that the fire/earthquake drills are conducted and make it available to the licensing analyst upon request.
- ◆ Make sure that staff, without violating residents' rights, try to redirect persons with dementia who attempt to leave the facility.
- ◆ Make sure that residents who continue to indicate their desire to leave the facility are permitted to do so.
- ◆ Without violating residents' rights, make sure that residents are safe when they leave the facility premises. The licensee's responsibilities do not end when residents leave the premises. You must continue to protect residents from safety hazards or personal discomfort. This means a facility staff person must escort residents who leave the facility.

## **DELAYED EGRESS (EXIT) 87724(E) (Continued)**

- ◆ Report to the licensing office, and the resident's conservator or responsible representative, and to any family member requesting notification, every time a resident with dementia wanders away from the facility. The report must be made to licensing by telephone within the next working day and a written report must be received by licensing within seven days.
- ◆ Ensure that delayed exit devices are not used to substitute for trained staff. Also ensure that there are sufficient numbers of staff to meet care and supervision needs

of all residents and to escort residents with dementia who leave the facility.

- ◆ Not accept or retain residents with a primary diagnosis of a mental disorder unrelated to dementia as determined by a physician.

### **LOCKED EXTERIOR DOORS OR PERIMETER FENCE GATES 87724(f)**

Facilities may lock exterior doors or perimeter fence gates. Prior to locking exterior doors or perimeter fence gates, the licensee must:

- ◆ Get a waiver from the licensing office to accept and retain residents whose primary need for care and supervision results from dementia. 87724(f)(3)
- ◆ Get a waiver from the licensing office to Section 87572(a)(6). This section covers residents' rights to leave the facility at any time and not be locked into any room, or building, or on facility premises. 87724(f)(4)

Note: The information (on pages 3 and 4) you must submit for a waiver to accept/retain residents who cannot respond to emergency signal devices and instructions to exit a building will satisfy most of the information you need for both of these waivers. However, you should review each document to make sure it covers the changes in your program that will result from locking your facility. Speak to your assigned licensing program analyst to make sure you submit all the necessary information.

- ◆ Make sure the fire clearance includes approval of locked exterior doors or locked perimeter fenced gate devices. The fire department's requirements are going to be different if you are going to lock your facility. Only the local fire prevention authorities can determine if your facility meets the fire safety standards which would permit you to lock exterior doors or perimeter fence gates and whether the devices conform to all applicable fire safety standards. (The licensing office will request the fire clearance). 87724(f)(2)

### **INITIAL AND CONTINUING REQUIREMENTS FOR LOCKED EXTERIOR DOORS OR PERIMETER FENCE GATES 87724(f)(1)-(9)**

- ◆ Once you have the waivers you may decide not to use the locking devices right away. When you do decide to lock the exterior doors or perimeter fence gates, you must:
- ◆ Notify the licensing office of your plan to begin locking exterior doors and/or perimeter fence gates, based on the waivers you have received to Sections 87724(f)(3) and 87572(a)(6).

- ◆ Follow your disaster and mass casualty plan and make sure fire and earthquake drills are held at least every three months on every shift and include all staff who supervise or provide resident care and supervision.
- ◆ Keep a record of the dates and times the fire/earthquake drills are held and make it available to the licensing analyst upon request.
- ◆ Make sure you have safe indoor and outdoor space at the facility so residents with dementia can wander safely and freely.
- ◆ Make sure that locked exterior doors or locked perimeter fence gates are not used as substitutes for trained staff and that there are sufficient numbers of staff to meet care and supervision needs for all residents.
- ◆ Not accept or retain residents with a primary diagnosis of a mental disorder unrelated to dementia as determined by a physician.
- ◆ Have a written statement signed by each resident which states that he/she understands that the facility has exterior door locks or perimeter fence gate locks and that he/she voluntarily consents to admission to the facility.
- ◆ If the resident has been conserved under the Probate Code or the Lanterman-Petris-Short Act, the resident's conservator must provide the written consent statement. No person other than the conservator may give consent for the resident's admission to a locked facility.
- ◆ Keep the signed statement regarding placement in a locked facility in each resident's file at the facility.
- ◆ Send a copy of the signed statement regarding the resident's placement in a locked facility to the licensing office within five working days of each resident's admission.

#### **INITIAL AND CONTINUING REQUIREMENTS FOR LOCKED EXTERIOR DOORS OR PERIMETER FENCE GATES 87724(F)(1)-(9) (Continued)**

Note: Non-conserved residents who sign consent statements to be placed in locked facilities may rescind their consent at any time. Licensees may use gentle redirection to attempt to keep a resident on the facility premises. However, when redirection is unsuccessful, the licensee must let the resident leave. In these situations, the licensee, without violating the resident's rights, continues to be responsible for keeping the resident safe. (This means a staff person must go with the resident). Residents who are conserved under the Probate Code or the Lanterman-Petris-Short Act do not have the right to rescind a consent statement signed by their conservator and must be prevented from leaving the facility unless their conservator has rescinded the consent.



## **REQUIREMENTS FOR LICENSEES WHO ADVERTISE OR PROMOTE SPECIAL CARE, SPECIAL PROGRAMMING, AND/OR SPECIAL ENVIRONMENTS**

Licensees who advertise or promote special care, special programming, and/or special environments must meet all of the following requirements:

### **◆ Advertising Materials**

All advertising materials including brochures, ads in the yellow pages, business card, etc. must be on file at the facility. Advertising material must be available for review by the licensing agency and the public, upon request.

### **◆ Plan of Operation Requirements**

Disclosure to the licensing agency as part of the plan of operation, the following special features that are in the plan of operation and make this information available to the public upon request. The licensee must submit a brief narrative description of all of the following facility features, which have no correct or incorrect way of being described, but are intended to provide consumer information.

- 1) Philosophy, including, but not limited to program goals.
- 2) Pre-admission assessment
- 3) Admission
- 4) Assessment
- 5) Program
- 6) Staff
- 7) Staff training
- 8) Physical environment
- 9) Changes in condition, including, but not limited to, when and under what circumstances changes are made to a resident's care plan
- 10) Success indicators

## **REQUIREMENTS FOR LICENSEES WHO ADVERTISE OR PROMOTE SPECIAL CARE, SPECIAL PROGRAMMING, AND/OR SPECIAL ENVIRONMENTS (Continued)**

### **◆ Staff Training Requirements**

Ensure that direct care staff working in areas designed as dementia special care, meet the following requirements:

- 1) Within the first four weeks of employment, direct care staff must receive six hours of orientation specific to the care of persons with dementia. This orientation must be given separately from other training sessions. Licensees may use various methods of instruction and must document this training in the employees' personnel records.
- 2) Within the first year of employment, and each succeeding 12 month period thereafter, direct care staff must receive at least eight hours of in-service

training, specific to the care of persons with dementia.

This training must be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia. Examples of such individuals and organizations include: The Alzheimer's Association, Alzheimer's Disease Diagnostic and Treatment Centers affiliated with the California Universities, Family Caregiver Alliance and Caregiver Resource Centers, American Society on Aging, colleges and universities, or individuals with educational and professional qualifications specific to the dementia population.

This training is in addition to any other required staff training. This training must be documented in the employees' personnel records along with documentation of the dementia experts consulted in the development of this training.